

# PHA Plans

5 Year Plan for Fiscal Years: *2004 - 2007*

Annual Plan for Fiscal Year: *2003*

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHA Name:** *Robstown Housing Authority*

**PHA Number:** *TX59P 163*

**PHA Fiscal Year Beginning:** *April 1, 2003*

### Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

# STATEMENT OF PROGRESS IN MEETING 5-YEAR PLAN MISSIONS & GOALS

## 5-YEAR PLAN PHA FISCAL YEARS 2003 - 2007 [24 CFR Part 903.5]

### **A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- ☒ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☐ The PHA's mission is: (state mission here)

### **B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

#### **HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- ☒ PHA Goal: Expand the supply of assisted housing
- Objectives:
- ☐ Apply for additional rental vouchers:
  - ☐ Reduce public housing vacancies:
  - ☒ Leverage private or other public funds to create additional housing opportunities:
  - ☒ Acquire or build units or developments
  - ☒ Other (list below)

*The Housing Authority started a Non-profit Corporation in order to leverage resources and create additional housing. Through this process, the Housing Authority has afforded*

*additional families the opportunity of homeownership. It is the intent of the Housing Authority to continue leveraging resources, acquiring houses, and affording residents the opportunity of homeownership.*

*Further the Housing Authority through the Non-Profit Corp. has acquired several houses which are leased under the Section 8 Voucher Program. This not only increases the housing stock from which applicants may chose, but also provides the Non-profit Corp. a means of income to continue as a player in the financial leveraging market.*

☒ PHA Goal: Improve the quality of assisted housing

Objectives:

- ☒ Improve public housing management: (PHAS score)
- ☒ Improve voucher management: (SEMAP score)
- ☒ Increase customer satisfaction:
- ☒ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- ☒ Renovate or modernize public housing units:
- ☐ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☒ Other: (list below)

*The Housing Authority is awaiting the PHAS Advisory Scores in order to establish baseline improvement data.*

☒ PHA Goal: Increase assisted housing choices

Objectives:

- ☐ Provide voucher mobility counseling:
- ☐ Conduct outreach efforts to potential voucher landlords
- ☒ Increase voucher payment standards
- ☒ Implement voucher homeownership program:
- ☒ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☒ Other: (list below)

*As described above, through the avenue of Non-Profit Corp's, the Housing Authority is implementing homeownership programs as funds allow. Considering voucher payment standards, the Housing Authority annually updates the Fair Market Rents in accordance with published HUD guidelines.*

## **HUD Strategic Goal: Improve community quality of life and economic vitality**

### ☒ PHA Goal: Provide an improved living environment

#### Objectives:

- ☒ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- ☒ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- ☒ Implement public housing security improvements:
- ☒ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☒ Other: (list below)

*To the maximum extent possible, the Housing Authority promotes deconcentration and income mixing; however, the limited job market and economic conditions within the jurisdiction often hinder upward mobility.*

*The elderly residents at our two elderly sites continue to utilize the community services. They have made comments that imply that they are still using facilities such as adult day care centers, senior citizen centers, home health agencies and the local transportation department. The Housing Authority continues to further strengthen the cooperative arrangements with the various agencies in order to prevent premature institutional confinement.*

## **HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

### ☒ PHA Goal: Promote self-sufficiency and asset development of assisted households

#### Objectives:

- ☒ Increase the number and percentage of employed persons in assisted families:
- ☒ Provide or attract supportive services to improve assistance recipients' employability:
- ☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☒ Other: (list below)

*The Housing Authority implemented a scholarship program in association with the program subsidy. RHA hopes to continue various educational programs such as Camp Genesis, Memberships to the local boys and girls Club and Intersession Camps and other drug prevention programs.*

*During the next several years we hope to reduce the number of resident students dropping out of school while at the same time increasing the number of residents students attending institutions of higher education. In association with the School Districts goals, the RHA hopes to assist in promoting attendance .*

*With respect to the supportive services for elderly and families with disabilities, approximately 25% of the Housing Authority's residents require these services. The Housing Authority wishes to continue the cooperative efforts with the Nueces County Community Action Agency, the Adult Day Care Center, The Nueces County Senior Citizens Center, the Care "B" transportation system as well as St. Anthony's Social Services, a faith based organization. Based on resident comments, the Housing Authority believes that the level of supportive services is satisfactory; however, maintaining the current level is also essential.*

#### **HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- ☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:

- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- ☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☒ Other: (list below)

*The Housing Authority actively promotes through written policies as well as through practices. Through staff development programs, the Housing Authority's employees and commissioners will obtain a heightened awareness of affirmative action issues and measures to ensure equal housing opportunities. Further the grievance procedure afford any resident the right to a due process except for criminal and drug related activities that threatens the health and safety of other residents or employees.*

#### **Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan  
PHA Fiscal Year 2003**

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HUD 50075  
OMB Approval No: 2577-0226  
Expires: 03/31/2002

### **i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.



**Standard Plan**

#### **Streamlined Plan:**



**High Performing PHA**



**Small Agency (<250 Public Housing Units)**



**Administering Section 8 Only**



**Troubled Agency Plan**

### **ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

### **iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

#### **Table of Contents**

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## Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

### Required Attachments:

#### HOLD Admissions Policy for Deconcentration

- ☒ FY 2002 Capital Fund Program Annual Statement
- ☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

### Optional Attachments:

- ☐ PHA Management Organizational Chart
- ☒ FY 2002 Capital Fund Program 5 Year Action Plan
- ☐ Public Housing Drug Elimination Program (PHDEP) Plan
- ☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- ☒ Other (List below, providing each attachment name)
- ☒ *Attachment A: RASS Certification & Follow Up Plan*
- ☒ *Attachment B: Deconcentration & Income Mixing*
- ☒ *Attachment C: Membership on the Resident Advisory Board*
- ☒ *Attachment D: Resident Membership on the Governing Board*
- ☒ *Attachment E: Voluntary Conversion*
- ☒ *Attachment F: P&E Report – FY 2000*
- ☒ *Attachment G: P&E Report – FY 2001*

## Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
<i>On Display</i>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<i>On Display</i>	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
<i>On Display</i>	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
<i>On Display</i>	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
<i>On Display</i>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
<i>On Display</i>	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
<i>On Display</i>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<i>On Display</i>	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
<i>On Display</i>	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<i>On Display</i>	Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
<i>On Display</i>	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<i>On Display</i>	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
<i>On Display</i>	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<i>On Display</i>	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<i>On Display</i>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
<i>N/A</i>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
<i>N/A</i>	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
<i>N/A</i>	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
<i>N/A</i>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
<i>N/A</i>	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
<i>N/A</i>	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
<i>N/A</i>	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
<i>N/A</i>	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
<i>N/A</i>	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
<i>N/A</i>	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
<i>N/A</i>	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
<i>On Display</i>	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
<i>On Display</i>	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
<i>N/A</i>	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
<i>N/A</i>	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford- ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access- ibility</b>	<b>Size</b>	<b>Loca- tion</b>
Income <= 30% of AMI	6838	5	4	4	5	4	1
Income >30% but <=50% of AMI	4559	4	4	4	5	4	1
Income >50% but <80% of AMI	3972	3	4	4	5	4	1
Elderly	2366	5	5	5	5	5	5
Families with Disabilities	N/A	5	5	5	5	5	5
Race/Ethnicity Black	1217	5	5	5	5	5	1

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Race/Ethnicity Hispanic	9558	5	5	5	5	5	1
Race/Ethnicity							
Race/Ethnicity							

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☐ Consolidated Plan of the Jurisdiction/s  
Indicate year:
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- ☐ American Housing Survey data  
Indicate year:
- ☐ Other housing market study  
Indicate year:
- ☐ Other sources: (list and indicate year of information)

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant-Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
Section 8 tenant-based assistance			
<input type="checkbox"/>	Public Housing		
<input checked="" type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	166		5

Housing Needs of Families on the Waiting List			
Extremely low income <=30% AMI	0	0%	
Very low income (>30% but <=50% AMI)	166	100%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	153	92%	
Elderly families	0	0%	
Families with Disabilities	0	0%	
Race/ethnicity Hispanic	166	100%	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	22		
2 BR	26		
3 BR	17		
4 BR	1		
5 BR			
5+ BR			
<p>Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)?</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- ☐ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☐ Reduce turnover time for vacated public housing units
- ☐ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☐ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☐ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☐ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

The Housing Authority continues to experience a shortage of affordable housing especially in the Section 8 program, our efforts in the upcoming year continue to include soliciting landlords as well as explore other funding resources.

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- ☒ Apply for additional section 8 units should they become available

- ☒ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- ☒ Seek designation of public housing for the elderly
- ☒ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)



**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☐ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☒ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☒ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- ☐ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☐ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☒ Other: (list below)

*The Housing Authority has not and does not anticipate any disproportions difficulties housing the elderly, the disabled or any certain race/ethnicity. However, monitoring will occur for any changes.*

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☐ Staffing constraints
- ☐ Limited availability of sites for assisted housing
- ☐ Extent to which particular housing needs are met by other organizations in the community
- ☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☒ Influence of the housing market on PHA programs
- ☒ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☐ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2002 grants)</b>		
a) Public Housing Operating Fund	538,971.00	
b) Public Housing Capital Fund	446,939.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	729,567.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	70,778.00	PHA Operations
<b>4. Other income</b> (list below)		
Section 8 Administrative Fee	73,985.00	Section 8 Administration
<b>Interest Fees and Commissions</b>	36,084.00	PHA Operations
<b>4. Non-federal sources</b> (list below)		
<b>Total resources</b>	1,896,324.00	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☐ When families are within a certain number of being offered a unit: (state number)
- ☐ When families are within a certain time of being offered a unit: (state time)
- ☒ Other: (describe)

*Two weeks after application is submitted to the PHA.*

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☒ Housekeeping
- ☐ Other (describe)

c. ☐ Yes ☒ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

## **(2)Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☒ Community-wide list
- ☐ Sub-jurisdictional lists
- ☐ Site-based waiting lists
- ☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office
- ☐ PHA development site management office
- ☐ Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
3. ☐ Yes ☐ No: May families be on more than one list simultaneously  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- ☐ PHA main administrative office
  - ☐ All PHA development management offices
  - ☐ Management offices at developments with site-based waiting lists
  - ☐ At the development to which they would like to apply
  - ☐ Other (list below)

### **(3) Assignment**

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
- ☐ One
  - ☐ Two
  - ☒ Three or More
- b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

### **(4) Admissions Preferences**

- a. Income targeting:
- ☒ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
- b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☒ Emergencies
- ☒ Overhoused
- ☒ Underhoused
- ☒ Medical justification
- ☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
- ☐ Resident choice: (state circumstances below)
- ☐ Other: (list below)

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☒ Victims of domestic violence
- ☒ Substandard housing
- ☒ Homelessness
- ☒ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☒ Working families and those unable to work because of age or disability
- ☒ Veterans and veterans' families
- ☒ Residents who live and/or work in the jurisdiction
- ☒ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☒ Those previously enrolled in educational, training, or upward mobility programs
- ☒ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Former Federal preferences:

- 2 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 5 Victims of domestic violence
- 4 Substandard housing
- 3 Homelessness
- 6 High rent burden
- 1 Date and Time

Other preferences (select all that apply)

- 2 Working families and those unable to work because of age or disability
- 1 Veterans and veterans’ families
- 3 Residents who live and/or work in the jurisdiction
- 4 Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- 6 Those previously enrolled in educational, training, or upward mobility programs
- 5 Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- ☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

### **(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
- ☒ The PHA’s Admissions and (Continued) Occupancy policy
- ☒ PHA briefing seminars or written materials
- ☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☒ At an annual reexamination and lease renewal
- ☒ Any time family composition changes
- ☐ At family request for revision
- ☐ Other (list)

**(6) Deconcentration and Income Mixing**

a. ☒ Yes ☐ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☒ Yes ☐ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- ☐ Adoption of site-based waiting lists  
If selected, list targeted developments below:
- ☒ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- ☐ Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
- ☐ Other (list policies and developments targeted below)

d. ☐ Yes ☒ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to "d" was yes, how would you describe these changes? (select all that apply)



- ☐ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments
- ☐ Adoption or adjustment of ceiling rents for certain developments
- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

**Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☒ Criminal or drug-related activity only to the extent required by law or regulation
- ☒ Criminal and drug-related activity, more extensively than required by law or regulation
- ☒ More general screening than criminal and drug-related activity (list factors below)
- ☐ Other (list below)

b. ☐ Yes ☒ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☒ Criminal or drug-related activity  
☐ Other (describe below)

## **(2) Waiting List Organization**

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- ☐ None  
☒ Federal public housing  
☐ Federal moderate rehabilitation  
☐ Federal project-based certificate program  
☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- ☒ PHA main administrative office  
☐ Other (list below)

## **(3) Search Time**

a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit? If yes, state circumstances below:

1. Landlord repairs
2. To allow accumulation of deposit funds

## **(4) Admissions Preferences**

a. Income targeting

☒ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☒ Victims of domestic violence
- ☒ Substandard housing
- ☒ Homelessness
- ☒ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☒ Veterans and veterans' families
- ☒ Residents who live and/or work in your jurisdiction
- ☒ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☒ Those previously enrolled in educational, training, or upward mobility programs
- ☒ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Former Federal preferences

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 4 Victims of domestic violence
- 5 Substandard housing
- 3 Homelessness
- 2 High rent burden
- 7 Date and Time

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☒ Veterans and veterans' families
- ☒ Residents who live and/or work in your jurisdiction
- ☒ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☒ Those previously enrolled in educational, training, or upward mobility programs
- ☒ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

- ☒ This preference has previously been reviewed and approved by HUD
- ☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers
- ☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

#### **(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☒ The Section 8 Administrative Plan
- ☒ Briefing sessions and written materials
- ☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☒ Through published notices  
☐ Other (list below)

#### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

##### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

##### **(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- ☒ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- ☐ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☒ \$1-\$25  
☐ \$26-\$50

2. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?
2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☒ For the earned income of a previously unemployed household member
- ☒ For increases in earned income
- ☐ Fixed amount (other than general rent-setting policy)  
If yes, state amount/s and circumstances below:
- ☐ Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:
- ☐ For household heads
- ☒ For other family members
- ☐ For transportation expenses
- ☒ For the non-reimbursed medical expenses of non-disabled or non-elderly families
- ☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☐ Yes for all developments
- ☐ Yes but only for some developments
- ☒ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☐ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☐ Fair market rents (FMR)
- ☐ 95<sup>th</sup> percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☐ At family option
- ☒ Any time the family experiences an income increase
- ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- ☐ Other (list below)

g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

## **(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☒ The section 8 rent reasonableness study of comparable housing
- ☒ Survey of rents listed in local newspaper
- ☒ Survey of similar unassisted units in the neighborhood
- ☐ Other (list/describe below)

## B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☒ At or above 90% but below 100% of FMR
- ☐ 100% of FMR
- ☐ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☒ Other:

*To allow for utility allowance not to exceed gross rents.*

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☐ Annually
- ☒ Other (list below)

*As Needed*

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)



- ☒ Success rates of assisted families  
☒ Rent burdens of assisted families  
☐ Other (list below)

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☒ \$1-\$25  
☐ \$26-\$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached.  
☐ A brief description of the management structure and organization of the PHA follows:

### **B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning 4-03	Expected Turnover
Public Housing	260	
Section 8 Vouchers	210	
Section 8 Certificates		

Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		
Section 8 New Construction	50	

### **C. Management and Maintenance Policies**

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

*Admissions and Occupancy Policy*

(2) Section 8 Management: (list below)

*Administrative Plan*

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

### **A. Public Housing**

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☒ PHA main administrative office  
☐ PHA development management offices  
☐ Other (list below)

### **B. Section 8 Tenant-Based Assistance**

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☒ PHA main administrative office  
☐ Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

☐ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

☒ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

## **(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. Yes ☒ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☐ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

☒ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

## **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- ☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
  - ☐ Revitalization Plan under development
  - ☐ Revitalization Plan submitted, pending approval
  - ☐ Revitalization Plan approved
  - ☐ Activities pursuant to an approved Revitalization Plan underway

- ☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
- If yes, list development name/s below:

- ☐ Yes ☒ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
- If yes, list developments or activities below:

- ☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
- If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

### **2. Activity Description**

- ☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

## **9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a

streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

**2. Activity Description**

- ☒ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

<b>Designation of Public Housing Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

**10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

**A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1. ☐ Yes ☒ No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if

“yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

## 2. Activity Description

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

Conversion of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: ) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)



**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

RHA felt that our developments did not meet the necessary conditions for voluntary conversion. Our analysis indicated that conversion of the developments will be more expensive than continuing to operate the development (or portion of it) as public housing; would not principally benefit the residents of the public housing development to be converted and the community; and would adversely affect the availability of affordable housing in the community.

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

## **11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

### **A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

#### 2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)	
1a. Development name:	
1b. Development (project) number:	
2. Federal Program authority:	
<input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)	
3. Application status: (select one)	
<input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application	
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)	
5. Number of units affected:	
6. Coverage of action: (select one)	
<input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	

## B. Section 8 Tenant Based Assistance

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

### 2. Program Description:

#### a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants
- ☐ 26 - 50 participants
- ☐ 51 to 100 participants
- ☐ more than 100 participants

b. PHA-established eligibility criteria

- ☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?  
If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

### **A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

- ☐ Yes ☒ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☒ Client referrals
- ☒ Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☒ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☒ Other (describe)

### **B. Services and programs offered to residents and participants**

#### **(1) General**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☒ Public housing rent determination policies
- ☒ Public housing admissions policies
- ☒ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☐ Yes ☒ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

--	--	--	--	--

## **(2) Family Self Sufficiency program/s**

### **a. Participation Description**

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8	30	0

- b. ☐ Yes ☒ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

*The PHA is in the process of preparing the additional information and documentation to request an exception waiver.*

### **C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- ☒ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - ☒ Informing residents of new policy on admission and reexamination
  - ☒ Actively notifying residents of new policy at times in addition to admission and reexamination.
  - ☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
  - ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
  - ☐ Other: (list below)

### **D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

*Not Required as part of this years PHA Plan.*

### **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

#### **A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☒ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☒ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☒ Residents fearful for their safety and/or the safety of their children
- ☒ Observed lower-level crime, vandalism and/or graffiti
- ☒ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☒ Safety and security survey of residents
- ☐ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☐ Resident reports
- ☐ PHA employee reports
- ☒ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

*Johnny Calderon (TX59P163 01)*

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☒ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☐ Crime Prevention Through Environmental Design
- ☒ Activities targeted to at-risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

*Johnny Calderon (TX59P163 01)*

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☒ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☒ Police regularly testify in and otherwise support eviction cases
- ☒ Police regularly meet with the PHA management and residents
- ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

2. Which developments are most affected? (list below)

*Johnny Calderon (TX59P163 01)*

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

# Public Housing Drug Elimination Program Plan

**Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.**

## Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

## Section 1: General Information/History

**A. Amount of PHDEP Grant 0.**

**B. Eligibility type (Indicate with an “x”)** N1\_\_\_\_\_ N2\_\_\_\_\_ R\_\_\_\_

**C. FFY in which funding is requested**

**D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

## **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

## **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

**6 Months**\_\_\_\_\_ **12 Months**\_\_\_\_ **18 Months**\_\_\_\_\_ **24 Months**\_\_\_\_\_ **Other** \_\_\_\_\_



### G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date

## Section 2: PHDEP Plan Goals and Budget

### A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

### B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FY 2001 PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	

### C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

<b>9110 - Reimbursement of Law Enforcement</b>						<b>Total PHDEP Funding:</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9120 - Security Personnel</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9130 - Employment of Investigators</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9140 - Voluntary Tenant Patrol</b>						<b>Total PHDEP Funding: \$</b>	
---------------------------------------	--	--	--	--	--	--------------------------------	--

Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding:		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding:		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds:		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

### **Section 3: Expenditure/Obligation Milestones**

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item #	25% Expenditure of Total Grant Funds By Activity #	Total PHDEP Funding Expended (sum of the activities)	50% Obligation of Total Grant Funds by Activity #	Total PHDEP Funding Obligated (sum of the activities)
9110				
9120				
9130				
9140				
9150				
9160				
9170				
9180				
9190				

<b>TOTAL</b>				

#### **Section 4: Certifications**

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the “PHA Certifications of Compliance with the PHA Plan and Related Regulations.”

Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

Yes ☒ No: Has the PHA included the PHDEP Plan for FY 2002 in this PHA Plan?

Yes ☒ No: This PHDEP Plan is an Attachment. (Attachment Filename: N/A)

### **14. RESERVED FOR PET POLICY**

## **PET OWNERSHIP POLICY**

#### **A. Pet Rules**

*The following rules shall apply for the keeping of pets by Residents living in the units operated by the Housing Authority. These rules do not apply to animals used by persons with disabilities.*

1. *Common household pets as authorized by this policy means a domesticated animals, such as cats, dogs, fish, birds, rodents (including rabbits) and turtles, that are traditionally kept in the home for pleasure rather than for commercial purposes.*
2. *Residents will register their pets with the Authority **BEFORE** it is brought onto the Authority premises, and will update the registration annually. The registration will include: (Appendix 1)*
  - a. *Information sufficient to identify the pet and to demonstrate that it is a common household pet and a picture;*
  - b. *A certificate signed by a licensed veterinarian or a State or Local Authority empowered to inoculate animals, stating that the pet has received all inoculations required by applicable State and Local Law;*

- c. *The name, address, and telephone number of one or more responsible parties who will care for the pet if the pet owner dies, is incapacitated, or is otherwise unable to care for the pet.*
- d. *The registration will be updated annually at the annual re-examination of Residents income.*
- e. *A statement indicating that the pet owner has read the pet rules and agrees to comply with them; (Appendix 2)*
- f. *The Authority may refuse to register a pet if:*
  - 1) *The pet is not a common household pet;*
  - 2) *The keeping of the pet would violate any applicable house pet rule "*
  - 3) *The pet owner fails to provide complete pet registration information;*
  - 4) *The pet owner fails annually to update the pet registration;*
  - 5) *The Authority reasonable determines, based on the pet owners " habits and practices and the pets temperament, that the pet owner will be unable to keep the pet in compliance with the pet rules and other legal obligations;*
  - 6) *Financial ability to care for the pet will not be a reason for the Authority to refuse to register a pet.*
- g. *The Authority will notify the pet owner if the Authority refuses to register a pet. The notice will:*
  - 1) *State the reasons for refusing to register the pet;*
  - 2) *Be served on the pet owner in accordance with procedure outlined in paragraph B1 of this policy;*
  - 3) *Be combined with a notice of a pet rule violation if appropriate.*
- 3. *Cats and dogs shall be limited to small breeds where total weight shall not exceed twenty (20) pounds and total height shall not exceed twelve (12) inches. Seeing-eye dogs are excluded to height and weight.*
- 4. *No chows, pit bulls, German police dogs, rotweillers, or any other known fighter breed will be allowed on the premises.*
- 5. *All cat and dog pets shall be neutered or spayed, and verified by veterinarian, cost to be paid by the owner. Pet owners will be required to present a certificate of*

*health from their veterinarian verifying all required annual vaccines, initially and at re-examination*

6. *A \$300.00 pet fee shall be made to the Housing Authority. Such fee will be a one-time fee (per pet) and shall be used to help cover cost of damages to the unit caused by the pet.*
7. *No payment installments will be accepted for the one-time pet fee.*
8. *Pets shall be quartered in the Residents unit.*
9. *Dogs and cats shall be kept on a leash and controlled by a responsible individual when taken outside.*
10. *No dog houses will be allowed on the premises.*
11. *Pets (dogs and cats), shall be allowed to run only on the owners lawn and owners shall clean up after pets EACH day.*
12. *The City Ordinance concerning pets will be complied with.*
13. *Pets shall be removed from the premises when their conduct or condition is duly determined to constitute a nuisance or a threat to the health and safety of the pet owner and occupants of the Authority in accordance with paragraph B3 below.*
14. *Birds must be kept in regular bird cages and not allowed to fly throughout the unit.*
15. *Each resident family will be allowed to house only one (1) animal at any time. Visiting guests with pets will not be allowed.*
16. *Dishes or containers for food and water will be located within the owners apartment. Food and/or table scraps, will not be deposited on the owners porches or yards*
17. *Residents will not feed or water stray animals or wild animals.*
18. *Pets will not be allowed on specified common areas (under clotheslines, social rooms, office, maintenance space, etc.).*
19. *Each resident family will be responsible for the noise or odor caused by their pet.*

*Obnoxious odors can cause health problems and will not be tolerated.*

## **B. Pet Violation Procedure**

### **1. NOTICE OF PET RULE VIOLATION (Appendix 3):**

*When the Authority determines on the basis of objective facts supported by written statements, that a pet owner has violated one or more of these rules governing the owning or keeping of pets, the Authority will:*

*a. Serve a notice of the pet rule violation on the owner by sending a letter by first class mail, properly stamped and addressed to the Resident at the leased dwelling unit, with a proper return address, or serve a copy of the notice on any adult answering the door at the Residents' leased dwelling unit, or if no adult responds, by placing the notice under or through the door, if possible, or else by attaching the notice to the door;*

*b. The notice of pet rule violation must contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated;*

*c. The notice must state that the pet owner has ten (10) days from the effective date of service of notice to correct the violation (including, in appropriate circumstances, removal of the pet) or to make a written request for a meeting to discuss the violation, (the effective date of service is that day that the notice is delivered or mailed, or in the case of service by posting, on the day that the notice was initially posted);*

*d. The notice must state that the pet owner is entitled to be accompanied by another person on his or her choice at the meeting;*

*e. The notice must state that the pet owners failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in Initiation of procedures to terminate the pet owners' residency.*

### **2. PET RULE VIOLATION MEETING: *If the pet owner makes a timely request for a meeting to discuss an alleged pet rule violation, the Authority shall establish a mutually agreeable time and place for the meeting to be held within fifteen (15) days from the effective date of service of the notice of pet rule violation (unless the Authority agrees to a later date).***



- a. *The Authority and the pet owner shall discuss any alleged pet rule violation and attempt to correct it and reach an agreeable understanding.*
  - b. *The Authority may, as a result of the meeting, give the pet owner additional time to correct the violation.*
  - c. *Whatever decision or agreements, if any, are made will be reduced to writing, signed by both parties, with one copy for the pet owner and one copy placed in the Authority's Resident file.*
3. **NOTICE OF PET REMOVAL:** *If the pet owner and the Authority are unable to resolve the pet rule violation at the pet rule violation meeting, or if the Authority determines that the pet owner has failed to correct the pet rule violation within any additional time provided for this purpose under paragraph B1 above (or at the meeting, if appropriate), requiring the pet owner to remove the pet. This notice must:*
- a. *Contain a brief statement of the factual basis for the determination and the pet rule or rules that have been violated;*
  - b. *State that the pet owner must remove the pet within ten (10) days of the effective date of service of notice or pet removal (or the meeting, if the notice is served at the meeting);*
  - c. *Provisions of Resident's Lease, Section XIV: "Termination of Lease" will apply in all cases.*

### **C. Protection of the Pet**

- 1. *If the health or safety of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the Authority may:*
  - a. *Contact the responsible party or parties listed in the registration form and ask that they assume responsibility for the pet;*
  - b. *If the responsible party or parties are unwilling or unable to care for the pet, the Authority may contact the appropriate State or Local Authority (or designated agent of such Authority) and request the removal of the pet;*
  - c. *If the Authority is unable to contact the responsible parties despite reasonable efforts, action as outlined in 1b above will be followed;*

*d. If none of the above actions reap results, the Authority may enter the pet owners' unit, remove the pet, and place the pet in a facility to provide care and shelter until the pet owner or a representative of the pet owner is able to assume responsibility for the pet, but no longer than thirty (30) days. The cost of the animal care facility provided under this section shall be borne by the pet owner.*

**D. NUISANCE OR THREAT TO HEALTH OR SAFETY**

*Nothing in this policy prohibits the Authority or the Appropriate City Authority from requiring the removal of any pet from the Authority property. If the pet's conduct or condition is duly determined to constitute, under the provisions of State or Local Law, a nuisance or a threat to the health or safety or other occupants of the Authority property or of other persons in the community where the project is located.*

**E. APPLICATION OF RULES**

- 1. Pet owners will be responsible and liable for any and all bodily harm to other residents or individuals and destruction of personal property belonging to others caused by owner's pet will be the moral and financial obligation of the pet owner.*
- 2. All pet rules apply to resident and/or resident's guests.*

**Appendix 1**  
**Pet Agreement**

- 1. Management considers the keeping of pets a serious responsibility and a risk to each resident in the apartment. If you do not properly control and care for a pet, you will be held liable if it causes any damages or disturbs other residents.*
- 2. **Conditional Authorization for Pet.** You may keep the pet that is described below in the apartment until Dwelling Lease is terminated. Management may terminate this authorization sooner if your right of occupancy is lawfully terminated or if you or your pet, your guests or any member of your household violate any of the rules contained in the Authority's Pet Policy or this Agreement.*
- 3. **Pet Fee.** The Pet Fee will be \$300.00. The Pet Fee is a one time charge for your current pet.*

a. If, at any time in the future, this pet is replaced by another animal, another one-time fee will be charged for that animal.

b. This fee will be used to pay reasonable expenses directly attributable to the presence of the pet in the complex, including but not limited to, the cost of repairs and replacement to, and fumigation of, the apartment.

4. **Liability Not Limited.** The fee under this Pet Agreement does not limit resident's liability for property damages, cleaning, deodorization, defleaing, replacements, or personal injuries.

5. **Description of Pet.** You may keep only one pet as described below. The pet may not exceed twelve (12) inches in height and twenty (20) pounds in weight. You may not substitute other pets for this one without amending this agreement.

Pet's Name \_\_\_\_\_ Type \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Housebroken? \_\_\_\_\_ City of License \_\_\_\_\_ Age \_\_\_\_\_  
Date of last Rabies shot \_\_\_\_\_

Name, address and phone number of person able to care for pet in case of resident's permanent or temporary inability to care for animals.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## Appendix 2 Pet Policy Certification

Attach photo of pet

\_\_\_\_\_

By

---

*Title*

---

*Date*

*Robstown Housing Authority*

---

*Resident*

---

*Resident*

*I have read, fully understand and will abide by the rules and regulations contained in the  
Housing  
Authority Pet Policy and in this Pet Agreement.*

**Appendix 3**  
**Pet Policy Rules Violation Notice**

DATE:

TIME: (IF DELIVERED) \_\_\_\_\_

A.M. / P.M.

TO:

NAME OF RESIDENT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PET NAME OR TYPE: \_\_\_\_\_

*This notice hereby informs you of the following rules violation:*

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*As pet owner you have ten (10) calendar days from the date shown on this notice (date notice delivered or mailed) in which to correct the violation or make a written request for a meeting to discuss the violation.*

*As pet owner you are entitled to be accompanied by another person of your choice at the meeting.*

*Failure to correct the violation, to request a meeting, or to appear at the requested meeting may result in initiation of procedures to terminate your tenancy.*

**15. Civil Rights Certifications**

*[24 CFR Part 903.7 9 (o)]*

*Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.*

*Original mailed to the San Antonio HUD office.*

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☒ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - ☒ Not applicable
  - ☐ Private management
  - ☐ Development-based accounting
  - ☐ Comprehensive stock assessment
  - ☐ Other: (list below)
3. ☐ Yes ☒ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
  - ☐ Attached at Attachment (File name)

☒ Provided below:

1. Handicap showers
2. Additional security lighting
3. Permanent light fixtures – Project #4
4. New commodes
5. New vent hoods
6. Install air conditioning/central heat
7. Landscaping
8. Repair sidewalks
9. Paint interiors/exterior
10. Repair parking lots/driveways

3. In what manner did the PHA address those comments? (select all that apply)

☒ Considered comments, but determined that no changes to the PHA Plan were necessary.

☐ The PHA changed portions of the PHA Plan in response to comments

List changes below:

☐ Other: (list below)

## **B. Description of Election process for Residents on the PHA Board**

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

### **3. Description of Resident Election Process**

a. Nomination of candidates for place on the ballot: (select all that apply)

- ☐ Candidates were nominated by resident and assisted family organizations
- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☐ Other: (describe)

b. Eligible candidates: (select one)

- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance
- ☐ Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

### C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

*State of Texas*

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- ☐ Other: (list below)

2. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

*The City of Robstown does not have a Consolidated Plan. As the Consolidated Plan of the State of Texas is not specific to any one city, town or metropolitan area, the Robstown Housing Authority is supported with general actions & commitments as follows:*

*1. Increase & preserve availability of safe, decent, sanitary & affordable housing to low and medium income persons & families.*

### D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.



## **Attachment A: RASS Certification & Follow Up Plan**

The Robstown Housing Authority has reviewed the RASS results. Based on the information, the following areas will be addressed:

### **1. Security**

- a. Implementation of a Neighborhood Watch program**
- b. Installation of additional security lights**
- c. Additional Police patrols**

**The above items will be funded from operating funds and CFP “Operations” line item.  
Projected completion date for these items is December 2002.**

### **2. Neighborhood Appearance**

- a. Landscaping activities to enhance curb appeal**
- b. Repair/replacement of driveways, parking areas, etc.**

**The above items will be funded from operating funds and CFP “Operations” line item.  
Projected completion date for these items is December 2003.**

---

## **Required Attachment B: Deconcentration and**

## Income Mixing

### Component 3,(6) Deconcentration and Income Mixing

- a. ☒ Yes ☐ No Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule. If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☒ No Do any of these covered developments have average incomes above or below 85% to 115% of the average income of all such developments? If no, this section is complete.

If yes, list these developments as follows:

#### Deconcentration Policy for Covered Developments

Development Name:	Number Of Units	Explanation (if any) [see step 4 at 903.2(c)(1)(iv)]	Deconcentration Policy (if no explanation) [see step 5 at 903.2(c)(1)(v)]

## Attachment C: Membership on the Resident Advisory Board

1. President

*Mr. Rene Soliz  
806 N. 6<sup>th</sup> St.  
Robstown, Texas*

2. Vice President

*Ms. Cynthia Hernandez  
160 Curtis Pl.  
Robstown, Texas*

3. Sect./Treasurer

*Mr. Sammy Trevino  
621 W. Ave F #267  
Robstown, Texas*

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## Attachment D: Resident Membership on the

## **Governing Board**

**Resident Commissioner:**

*Cathryn McDonald  
1400 Ball Rd. #283  
Robstown, Texas*

## **Required Attachment E: Voluntary Conversion Initial Assessments**

**Component 10(B)**

a. How many of the PHA’s developments are subject to the Required Initial Assessments?

*Three*

b. How many of the HA’s developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

*One*

c. How many assessments were conducted for the PHA’s covered developments?

*Two*

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessment?

<u>Development Name</u>	<u>Number of Units</u>
-------------------------	------------------------

*None*

e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments.

**PHA Plan**  
**Table Library**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part 1: Summary</b>					
<b>PHA Name</b>  <div style="text-align: center;"><i>Robstown Housing Authority</i></div>		<b>Grant Type and Number</b> Capital Fund Program: <i>TX59P163 501 03</i> Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  <div style="text-align: center;"><i>2003</i></div>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	<i>10,000.00</i>			
3	1408 Management Improvements	<i>5,000.00</i>			
4	1410 Administration	<i>25,000.00</i>			
5	1411 Audit	<i>2,000.00</i>			
6	1415 Liquidated Damages	<i>0.00</i>			
7	1430 Fees and Costs	<i>20,000.00</i>			
8	1440 Site Acquisition	<i>0.00</i>			
9	1450 Site Improvement	<i>171,011.00</i>			
10	1460 Dwelling Structures	<i>25,000.00</i>			
11	1465.1 Dwelling Equipment—Nonexpendable	<i>10,000.00</i>			
12	1470 Nondwelling Structures	<i>150,000.00</i>			
13	1475 Nondwelling Equipment	<i>5,000.00</i>			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	<i>423,011.00</i>			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures	<b>Table Library</b>			

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: <i>Robstown Housing Authority</i>		Grant Type and Number Capital Fund Program : <i>TX59P163 501 03</i> Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant:  <i>2003</i>		
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
<i>H/A Wide</i>	<i>Operations</i>	<i>1406</i>	<i>1</i>	<i>10,000.00</i>				
<i>H/A Wide</i>	<i>Management Improvements</i>							
	<i>Upgrade Computer Software</i>	<i>1408</i>	<i>1</i>	<i>5,000.00</i>				
<i>H/A Wide</i>	<i>Administration</i>							
	<i>Prorate Salaries &amp; Benefits</i>	<i>1410</i>	<i>1</i>	<i>24,000.00</i>				
	<i>Annual Plan Preparation</i>	<i>1410</i>	<i>1</i>	<i>1,000.00</i>				
<i>H/A Wide</i>	<i>Fees &amp; Costs</i>							
	<i>A &amp; E Fees</i>	<i>1430</i>	<i>1</i>	<i>19,000.00</i>				
	<i>Printing Costs</i>	<i>1430</i>	<i>1</i>	<i>1,000.00</i>				
<i>H/A Wide</i>	<i>Audit Costs</i>							
	<i>Provide for Audit Costs</i>	<i>1411</i>	<i>1</i>	<i>2,000.00</i>				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: <i>Robstown Housing Authority</i>		Grant Type and Number Capital Fund Program : <i>TX59P163 501 03</i> Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant:  <i>2003</i>		
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
<i>H/A Wide</i>	<i>Site Improvements</i>							
	<i>Repair/Replace/Install Driveways</i>	<i>1450</i>	<i>7 ea.</i>	<i>79,000.00</i>				
	<i>Repair Sidewalks</i>	<i>1450</i>	<i>3500 Lft</i>	<i>70,511.00</i>				
	<i>Repair Parking Areas</i>	<i>1450</i>	<i>5</i>	<i>3,000.00</i>				
	<i>Repair/Replace Dumpster Areas</i>	<i>1450</i>	<i>1</i>	<i>1,500.00</i>				
	<i>Install Security Lights</i>	<i>1450</i>	<i>50</i>	<i>10,000.00</i>				
	<i>Replace/Install Property Signage</i>	<i>1450</i>	<i>3</i>	<i>7,000.00</i>				
<i>TX 163 01</i>	<i>Dwelling Structures</i>							
	<i>Add Insulation</i>	<i>1460</i>	<i>55</i>	<i>25,000.00</i>				
<i>H/A Wide</i>	<i>Dwelling Equipment</i>							
	<i>Replace Ranges</i>	<i>1465.1</i>	<i>30</i>	<i>5,000.00</i>				
	<i>Replace Refrigerators</i>	<i>1465.1</i>	<i>20</i>	<i>5,000.00</i>				
<i>H/A Wide</i>	<i>Non Dwelling Structures</i>							
	<i>Renovate Office (Rear)</i>	<i>1470</i>	<i>1</i>	<i>150,000.00</i>				
<i>H/A Wide</i>	<i>Non Dwelling Equipment</i>							
	<i>Lawn &amp; Garden Equipment</i>	<i>1475</i>	<i>5</i>	<i>5,000.00</i>				



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

## Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
TX 59P163	Agency Wide	N/A	N/A
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<i>Replace Appliances</i>		<i>15,000.00</i>	<i>2003-2007</i>
<i>Software Updates &amp; Training</i>		<i>4,000.00</i>	<i>2003-2007</i>
<i>Administrative Costs</i>		<i>63,392.00</i>	<i>2003-2007</i>
<i>Independent Audit</i>		<i>4,000.00</i>	<i>2003-2007</i>
<i>Architect Fees</i>		<i>60,000.00</i>	<i>2003-2007</i>
<i>Contingency</i>		<i>5,000.00</i>	<i>2003-2007</i>
<i>Replace Main Office Soffit</i>		<i>25,000.00</i>	<i>2003-2007</i>
<i>Purchase 18 Passenger Van</i>		<i>25,000.00</i>	<i>2003-2007</i>
<i>Upgrade phone system</i>		<i>10,000.00</i>	<i>2003-2007</i>
<i>Covered Parking Main Office</i>		<i>20,000.00</i>	<i>2003-2007</i>
<i>Purchase Office Furniture</i>		<i>7,000.00</i>	<i>2003-2007</i>
<i>Remodel Main Office Rear Offices</i>		<i>150,000.00</i>	<i>2003-2007</i>
<b>Total estimated cost over next 5 years</b>		<b>388,392.00</b>	

<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
<i>TX 163 002</i>	<i>Scattered Sites</i>	<i>N/A</i>	<i>N/A</i>	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<i>Repair 15 Foundations</i>			<i>120,000.00</i>	<i>2003-2007</i>
<i>Replace Front &amp; Rear Screen Doors</i>			<i>20,000.00</i>	<i>2003-2007</i>
<i>Upgrade Playground Equipment</i>			<i>15,000.00</i>	<i>2003-2007</i>
<i>Install Additional Security Lights</i>			<i>3,000.00</i>	<i>2003-2007</i>
<i>Replace/Rpair Gable Vents (FA)*</i>			<i>10,000.00</i>	<i>2003-2007</i>
<i>Replace Rotted Wood as Needed (FA)*</i>			<i>3,000.00</i>	<i>2003-2007</i>
<i>Replace Downspouts and Gutters</i>			<i>28,000.00</i>	<i>2003-2007</i>
<i>Replace/Renovate Electrical</i>			<i>7,000.00</i>	<i>2003-2007</i>
<i>Replace/Renovate Plumbing</i>			<i>7,000.00</i>	<i>2003-2007</i>
<i>Paint Exterior (FA)*</i>			<i>46,000.00</i>	<i>2003-2007</i>
<i>Block Gable Vents</i>			<i>20,000.00</i>	<i>2003-2007</i>
<i>Install 220 Plugs</i>			<i>25,000.00</i>	<i>2003-2007</i>
<i>Repair/Replace Dryer Vents</i>			<i>10,000.00</i>	<i>2003-2007</i>
<i>Landscape Areas</i>			<i>10,000.00</i>	<i>2003-2007</i>
<b>Total estimated cost over next 5 years</b>			<i>324,000.00</i>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
TX 163-001	Curtis Place	N/A	N/A
Description of Needed Physical Improvements or Management Improvements			Estimated Cost
			Planned Start Date (HA Fiscal Year)
Fill Dirt/Landscape			15,000.00
Install Driveways			80,000.00
Install Security Light Casings			10,000.00
Replace Kitchen Cabinets			50,893.00
Install Central Heat & Air Units			150,000.00
Acquire Property for New Maint. Wrhs.			90,000.00
Replace Downspouts & Gutters			28,000.00
Replace/Renovate Plumbing			7,000.00
Landscape Complex			25,000.00
New Maintenance Warehouse			200,000.00
Install Firewalls			100,000.00
Block Gable Vents			20,000.00
Total estimated cost over next 5 years			775,893.00

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
<i>TX 163-004</i>	<i>Northgate/Sr. Villa</i>	<i>N/A</i>	<i>N/A</i>
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<i>Install Firewalls</i>		<i>25,000.00</i>	<i>2003-2007</i>
<i>Bathroom Renovations</i>		<i>20,000.00</i>	<i>2003-2007</i>
<i>Replace Stove Vent Hoods</i>		<i>1,100.00</i>	<i>2003-2007</i>
<i>Install Gutters &amp; Downspouts</i>		<i>4,500.00</i>	<i>2003-2007</i>
<i>Upgrade Playground Equipment</i>		<i>15,000.00</i>	<i>2003-2007</i>
<i>Install Security Light Casings</i>		<i>10,000.00</i>	<i>2003-2007</i>
<i>Landscape Complex</i>		<i>25,000.00</i>	<i>2003-2007</i>
<i>Install Additional Security Lights</i>		<i>1,500.00</i>	<i>2003-2007</i>
<i>Paint Exterior (FA)*</i>		<i>43,000.00</i>	<i>2003-2007</i>
<i>Replace/Repair Fence</i>		<i>100,000.00</i>	<i>2003-2007</i>
<i>Replace Rotted Wood As Needed (FA)*</i>		<i>3,000.00</i>	<i>2003-2007</i>
<i>Replace/Renovate Electrical</i>		<i>7,000.00</i>	<i>2003-2007</i>
<i>Replace/Renovate Plumbing</i>		<i>7,000.00</i>	<i>2003-2007</i>
<i>Retrofit ADA (2 Units)</i>		<i>10,000.00</i>	<i>2003-2007</i>
<i>Repair/Replace Dryer Vents</i>		<i>10,000.00</i>	<i>2003-2007</i>
<i>Install Permanent light fixtures</i>		<i>25,000.00</i>	<i>2003-2007</i>
<b>Total estimated cost over next 5 years</b>		<i>312,600.00</i>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
TX 163 006	Calderon/Amistad	N/A	N/A
Description of Needed Physical Improvements or Management Improvements			Estimated Cost
			Planned Start Date (HA Fiscal Year)
Repair Parking Area			100,000
Acquire Property for Playground Area			25,000
Purchase Playground Equipment			100,000
Fence Playground Area			75,000
Paint Exterior (FA)*			52,000
Install Additional Security Lights at Amistad			3,500
Replace Rotted Wood as Needed (FA)			3,000
Repair/Replace Dumpster Pads			10,000
Repair Concrete Fence			3,000
Downspouts & Gutters			30,000
Concrete for New Playground Area			75,000
Replace/Renovate Electrical			7,000
Replace/Renovate Plumbing			7,000
Landscape Complex			25,000
Replace/Repair Existing Fence			100,000
Block Gable Vents			20,000
Replace Interior Light Fixtures			5,000
Total estimated cost over next 5 years			640,500.00

### **Optional Public Housing Asset Management Table**

See Technical Guidance for instructions on the use of this table, including information to be provided.

[illegible]

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part 1: Summary

PHA Name  Robstown Housing Authority		Grant Type and Number Capital Fund Program: TX59P163 501 01 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant:  2001	
<div> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:     ) </div> <div> <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/02 <input type="checkbox"/> Final Performance and Evaluation Report </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	25,000.00	25,000.00	25,000.00	25,000.00
3	1408 Management Improvements	5,000.00	5,000.00	6,212.03	2,760.00
4	1410 Administration	31,696.00	31,696.00	41,069.99	22,900.80
5	1411 Audit	2,000.00	2,000.00	0.00	0.00
6	1415 Liquidated Damages			0.00	0.00
7	1430 Fees and Costs	32,000.00	32,000.00	21,289.80	2,771.50
8	1440 Site Acquisition			0.00	0.00
9	1450 Site Improvement	75,000.00	0.00	0.00	0.00
10	1460 Dwelling Structures	257,537.00	337,537.00	262,424.08	246,406.55
11	1465.1 Dwelling Equipment—Nonexpendable	8,706.00	8,706.00	5,380.00	0.00
12	1470 Nondwelling Structures			0.00	0.00
13	1475 Nondwelling Equipment	5,000.00	5,000.00	829.97	329.97
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency	5,000.00	0.00	0.00	0.00
20	Amount of Annual Grant: (sum of lines 2-19)	446,939.00	446,939.00	362,205.87	300,168.82
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				



Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: <i>Robstown Housing Authority</i>		Grant Type and Number Capital Fund Program : <i>TX59P163 501 01</i> Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant:  <i>2001</i>			
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
<i>H/A Wide</i>	<i>Operations</i>	<i>1406</i>	<i>1</i>	<i>25,000.00</i>	<i>25,000.00</i>	<i>25,000.00</i>	<i>25,000.00</i>	<i>Complete</i>
<i>H/A Wide</i>	<i>Management Improvements</i>	<i>1408</i>	<i>1</i>	<i>5,000.00</i>	<i>5,000.00</i>	<i>6,212.03</i>	<i>2,760.00</i>	<i>In Progress</i>
						<i>0.00</i>	<i>0.00</i>	
<i>H/A Wide</i>	<i>Administration</i>	<i>1410</i>	<i>1</i>	<i>31,696.00</i>	<i>31,696.00</i>	<i>41,069.99</i>	<i>22,900.80</i>	<i>In Progress</i>
<i>H/A Wide</i>	<i>Audit Costs</i>	<i>1411</i>	<i>1</i>	<i>2,000.00</i>	<i>2,000.00</i>	<i>0.00</i>	<i>0.00</i>	<i>Pending</i>
<i>H/A Wide</i>	<i>Fees &amp; Costs</i>	<i>1430</i>	<i>1</i>	<i>32,000.00</i>	<i>32,000.00</i>	<i>21,289.80</i>	<i>2,771.50</i>	<i>In Progress</i>
<i>H/A Wide</i>	<i>Site Improvements</i>	<i>1450</i>	<i>1</i>	<i>75,000.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	
<i>TX 163 001</i>	<i>Dwelling Structures</i>							
	<i>Install Central Heat &amp; Air</i>	<i>1460</i>		<i>257,537.00</i>	<i>337,537.00</i>	<i>262,424.08</i>	<i>246,406.55</i>	<i>In Progress</i>
<i>H/A Wide</i>	<i>Dwelling Equipment</i>	<i>1465.1</i>	<i>1</i>	<i>8,706.00</i>	<i>8,706.00</i>	<i>5,380.00</i>	<i>0.00</i>	<i>Pending</i>
<i>H/A Wide</i>	<i>Non Dwelling Equipment</i>	<i>1470</i>	<i>1</i>	<i>5,000.00</i>	<i>5,000.00</i>	<i>829.97</i>	<i>329.97</i>	<i>In Progress</i>
<i>H/A Wide</i>	<i>Contingency</i>	<i>1502</i>	<i>1</i>	<i>5,000.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

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# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part 1: Summary

<b>PHA Name</b>  <i>Robstown Housing Authority</i>		<b>Grant Type and Number</b> Capital Fund Program: <i>TX59P163 501 02</i> Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  <i>2002</i>	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>					
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 9/30/02</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	<i>15,000.00</i>		<i>15,000.00</i>	<i>1,004.51</i>
3	1408 Management Improvements	<i>5,000.00</i>		<i>0.00</i>	<i>0.00</i>
4	1410 Administration	<i>31,696.00</i>		<i>0.00</i>	<i>0.00</i>
5	1411 Audit	<i>1,000.00</i>		<i>0.00</i>	<i>0.00</i>
6	1415 Liquidated Damages				
7	1430 Fees and Costs	<i>25,000.00</i>		<i>25,000.00</i>	<i>0.00</i>
8	1440 Site Acquisition				
9	1450 Site Improvement	<i>305,000.00</i>		<i>260,000.00</i>	<i>0.00</i>
10	1460 Dwelling Structures	<i>44,243.00</i>		<i>0.00</i>	<i>0.00</i>
11	1465.1 Dwelling Equipment—Nonexpendable	<i>15,000.00</i>		<i>0.00</i>	<i>0.00</i>
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency	<i>5,000.00</i>		<i>0.00</i>	<i>0.00</i>
20	Amount of Annual Grant: (sum of lines 2-19)	<i>\$446,939.00</i>		<i>300,000.00</i>	<i>1,004.51</i>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: <i>Robstown Housing Authority</i>		Grant Type and Number Capital Fund Program : <i>TX59P163 501 02</i> Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant:  <i>2002</i>		
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
<i>H/A Wide</i>	<i>Operations</i>	<i>1406</i>	<i>1</i>	<i>15,000.00</i>		<i>15,000.00</i>	<i>1,004.51</i>	<i>In Progress</i>
<i>H/A Wide</i>	<i>Management Improvements</i>							
	<i>Upgrade Software</i>	<i>1408</i>	<i>1</i>	<i>1250.00</i>		<i>0.00</i>	<i>0.00</i>	<i>Pending</i>
	<i>Management Training</i>	<i>1408</i>	<i>1</i>	<i>2500.00</i>		<i>0.00</i>	<i>0.00</i>	<i>Pending</i>
	<i>Maintenance Training</i>	<i>1408</i>	<i>1</i>	<i>1250.00</i>		<i>0.00</i>	<i>0.00</i>	<i>Pending</i>
<i>H/A Wide</i>	<i>Administration</i>							
	<i>Prorate Salaries &amp; Benefits</i>	<i>1410</i>	<i>1</i>	<i>31,000.00</i>		<i>0.00</i>	<i>0.00</i>	<i>Pending</i>
	<i>Annual Plan Preparation</i>	<i>1410</i>	<i>1</i>	<i>696.00</i>		<i>0.00</i>	<i>0.00</i>	<i>Pending</i>
<i>H/A Wide</i>	<i>Audit Costs</i>	<i>1411</i>	<i>1</i>	<i>1,000.00</i>		<i>0.00</i>	<i>0.00</i>	<i>Pending</i>
<i>H/A Wide</i>	<i>Fees &amp; Costs</i>							
	<i>A &amp; E Fees</i>	<i>1430</i>	<i>1</i>	<i>25,000.00</i>		<i>25,000.00</i>	<i>0.00</i>	<i>Pending</i>
<i>H/A Wide</i>	<i>Site Improvements</i>							
	<i>Repair/Replace Sidewalks/Ramps</i>	<i>1450</i>	<i>250 units.</i>	<i>305,000.00</i>		<i>260,000.00</i>	<i>0.00</i>	<i>Pending</i>

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: <i>Robstown Housing Authority</i>		Grant Type and Number Capital Fund Program : <i>TX59P163 501 02</i> Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant:  <i>2002</i>		
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
<i>TX 163 001</i>	<i>Dwelling Structures</i>							
	<i>Replace Gable Vents/Screens</i>	<i>1460</i>	<i>20 units</i>	<i>10,000.00</i>		<i>0.00</i>	<i>0.00</i>	<i>Pending</i>
	<i>Replace/Repair Soffits</i>	<i>1460</i>	<i>20 units</i>	<i>15,000.00</i>		<i>0.00</i>	<i>0.00</i>	<i>Pending</i>
	<i>Repair/Replace Facia</i>	<i>1460</i>	<i>20 unitst</i>	<i>5,000.00</i>		<i>0.00</i>	<i>0.00</i>	<i>Pending</i>
	<i>Upgrade Electrical System</i>	<i>1460</i>	<i>20 units</i>	<i>7,243.00</i>		<i>0.00</i>	<i>0.00</i>	<i>Pending</i>
<i>H/A Wide</i>	<i>Dwelling Structures</i>							
	<i>Extermination Services</i>	<i>1460</i>	<i>1</i>	<i>7,000.00</i>		<i>0.00</i>	<i>0.00</i>	<i>Pending</i>
<i>H/A Wide</i>	<i>Dwelling Equipment</i>							
	<i>Replace Ranges</i>	<i>1465.1</i>	<i>30</i>	<i>7,500.00</i>		<i>0.00</i>	<i>0.00</i>	<i>Pending</i>
	<i>Replace Refrigerators</i>	<i>1465.1</i>	<i>20</i>	<i>7,500.00</i>		<i>0.00</i>	<i>0.00</i>	<i>Pending</i>
<i>H/A Wide</i>	<i>Contingency</i>	<i>1502</i>	<i>1</i>	<i>5,000.00</i>		<i>0.00</i>	<i>0.00</i>	<i>Pending</i>

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

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## Robstown Housing Authority Organizational Chart

